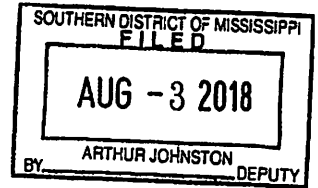


IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF Ms
Southern DIVISION

(Write the District and Division, if any, of the
court in which the complaint is filed.)



Timothy, Maurice, Selmon

(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)

-against-

Mississippi Department of
Corrections, Parole Board,
CMCF Correctional Fac.

(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names. Do not include
addresses here.)

**Complaint for Violation of Civil
Rights**

(Prisoner Complaint)

Case No. 3:18-cv-515-TSL-RAW
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Timothy, Maurice, Sehnaw

All other names by which you have been known:

ID Number

#105010

Current Institution

CMCF Correctional FAC.

Address

CMCF, section 4, B zone, cell 109
pearl, ms 39288**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Central, Ms Correctional FAC.Job or Title
(if known)prison, of MDOC, Superintendent.

Shield Number

N/A

Employer

Superintendent - Ron King

Address

pearl, ms 39288☒ Individual capacity☒ Official capacity

Defendant No. 2

Name

MDOC parole board

Job or Title _____
(if known) Parole Board
Shield Number _____
Employer _____
Address _____
Jackson, MS
North, State of Miss
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Shield Number _____
Employer _____
Address _____
☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Shield Number _____
Employer _____
Address _____
☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☒ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

① Due process of the (house bill 387)-585 house
 for parole revocation in hearing.
 ② State Law (Cruel in unusual punishment)

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee

- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) parole 1st violation! without new charge.

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

I was in Austin, Texas for 27 days waiting extradition to Mo, without a revocation hearing by video, or any kind.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

After being in Texas, 27 days I arrived here at (CMCF) July-3-18. I was housed in R/c been here about 15 days without hearing. Also I was housed in (section 6) R/c in a cell with 3 people which is only house at CMCF. (Sleeping on floor)

What date and approximate time did the events giving rise to your claim(s) occur?

on the 2nd of July which limitation of Due process expired under (house bill 382) in I was not released from detention. I was also sleeping in a cell with 2 other people lying on the floor, with no outside of cell.

Sleeping on floor (July-9-18 - July-18-18) in R/c L-zone cell 20.

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Under house bill 382 if 21 days over due in a parole hasn't been to a hearing he shall be released, But 21 30 days over due charge of Revocation shall be dismissed; CMCF would not allow case Manager to see me, and MDOC did not hold me a hearing within 30 days.

(I) end MDOC parole board (meeting) July - 17-18
(around 3-4 pm) I would like that Aug 20

on July 3-18 I was placed in 1-7000 cell 20 R/c
sleeping on floor, no Mattress or anything.

July-9-18 - Section 4 R/c cell 411 I was housed with
two other inmates in a 2 man cell with no outside cell
time (sleeping on the floor).

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

My leg which is damaged from a gunshot wound
in (2007) is badly hurt in pain, the
Medical staff has not seen me for my issue yet.

My Mental state is off-set due to not being
able to care for my Two Month old child, birth
of an unborn child, In I feel like My life
is not my own.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I request 50,000 for the pain I suffer to My
Body in will suffer Maybe in the future for sleeping
on the floor without a Mattress.

In the time I miss in the Free-world without
my family, Because of no Advocacy release, which
cause Mental stress. I request 50,000, unlawful incarceration.

VII. Exhaustion of Administrative Remedies Administrative Procedures

~~IN~~ lost wages, from my Business.

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Austin, Texas DeValley Jail / CMC² Correctional Fa

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

Cause I don't have any response.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes
☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

CMCF correctional FAC,
 Austin, Texas Del-Vally Jail.

2. What did you claim in your grievance?

I was sleeping on floor - IN CMCF
 that I have not been do a parole
 Precondition hearing, Its been over
 30 days, IN Austin, Texas

3. What was the result, if any?

- NONE -

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

they sent it back as
 not an emergency when
 it was ~~sent~~ days of my life was
 being wasted, so it did involve
 my safety of body harm cause
 I was sleeping upon the floor

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I have filed at this prison for
INMATE Abuse, they where beating me
IN not allowing me Mail access IN 2016.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

- ☐ Yes
- ☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

Timothy Sehn
CMEF. U/A

2. Court (if federal court, name the district; if state court, name the county and State)

U/A

3. Docket or index number

U/A

4. Name of Judge assigned to your case

U/A

5. Approximate date of filing lawsuit

U/A

6. Is the case still pending?

☐ Yes

☒ No

*I don't have paperwork
 It is unclear about court
 time & dates at this
 point.*

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Released from prison, unable to
complete sections in court.

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____, 2018.

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

City

State

Zip Code

Timothy Schwan
Timothy Schwan
105010
CMCP, section 4 B-zone cell 109
MS
Pearl MS 39288

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm